

BUILDING PERMIT APPLICATION

City of Dallas

187 SE Court Street, Dallas, OR 97338 • 503-831-3571

Site Address:

Map & Tax
Lot Number:

Project:

Valuation:



Please type or print in ink only

APPLICANT INFORMATION

APPLICANT _____ PHONE: _____ Mobile _____ Fax _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

NAME OF OWNER _____ PHONE: _____ Mobile _____ Fax _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

ARCHITECT/DESIGNER _____ PHONE: _____ Mobile _____ Fax _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

GENERAL CONTRACTOR _____ PHONE: _____ Mobile _____ CCB _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

SUBCONTRACTORS (Plumbing, Electrical, Mechanical):

Business Name	Address	Phone	CCB#

PROJECT DESCRIPTION: _____

I hereby certify the statements contained herein, along with the evidence submitted, are in all respects true and correct to the best of my knowledge.

APPLICANT'S (Print Name) _____

APPLICANT'S SIGNATURE _____

DATE _____

◆ Required Information:
(Applicant initials)

- ☐ _____ 3 copies of a site plan.
- ☐ _____ 5 sets of construction plans for a commercial project.
- ☐ _____ 2 sets of construction plans for one and two family residential projects.
- ☐ _____ Bracing method, location and length of wall panels including foundation requirements. (residential)
- ☐ _____ Engineering specs, if applicable.